| *  |  |  |                                       |             |                                 |   |          |             | Application or Docket Number |                        |        |                     |                        |  |
|--|--|--|---------------------------------------|-------------|---------------------------------|---|----------|-------------|------------------------------|------------------------|--------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09702736 |  |  |                                       |             |                                 |   |          |             |                              |                        |        |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                   |  |  |                                       |             |                                 |   |          |             | EN                           | ππγ<br>□               | OR     |                     |                        |  |
| TOTAL CLAIMS   |  |  |                                       |             |                                 |   |          | RATE        |                              | FEE                    |        | RATE                | FEE                    |  |
| FOR  |  |  | NUMBER F                              | ILED        | NUMBER EXTRA                    |   |          | BASIC F     | EE                           | 355.00                 | OR     | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | / C mini                              | us 20=      |                                 |   |          | X\$ 9:      | =                            |                        | OR     | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |  | 6 min                                 | nus 3 =     | . 3                             |   |          | X40=        |                              | OB.                    | X80=   | 94A ·0              |                        |  |
| MUI  | TIPLE DEPEN                            | DENT CLAIM P                                 | RESENT                                |             |                                 |   |          | +135=       |                              |                        |        | × 10                |                        |  |
| * If (   | the difference i                       | in column 1 is                               | less than zero, enter "0" in column 2 |             |                                 |   | j        | TOTA        |                              |                        | OR     | TOTAL               | a(1)·W                 |  |
|  | . / CI                                 | Laims as a                                   | MENDED                                | - PAR       | T II                            |   |          |             | E                            |                        | י בי   | ž.                  | 160                    |  |
| 5  | -19-04                                 | (Column 1)                                   |                                       | (Colu       | mn 2)                           | (Column 3)  | ก        | SMAL        | L E                          |                        | OR     |                     |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                                       | PREV        | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA  |          | RATE        |                              | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI<br>TIONAL<br>FEE  |  |
| NO SEE   | Total                                  | . 14   | Minus                                 | L           | 0                               | -   |          | X\$ 9       | =                            |                        | OR     | X\$18=              | i i                    |  |
| ME   | Independent                            | • 6  | Minus                                 | ••• (       | 0                               | = /   |          | X40=        |                              |                        | OR     | X80=                |                        |  |
|  | FIRST PRESE                            | NTATION OF M                                 | ULTIPLE DEP                           | ENDEN       | T CLAIM                         |   | j        | 405         | ┪                            |                        |        | . 270               |                        |  |
|  | 1                                      |  |                                       |             |                                 |   |          | <u> </u>    | 1                            |                        | H H    |                     |                        |  |
| A 1  | 7-1                                    |  |                                       |             |                                 |   |          |             |                              |                        | JOR    |                     |                        |  |
| للم  | -9 0-1                                 | (Column 1)                                   | 7                                     |             | IMN 2)<br>HEST                  | (Column 3)  | <u>)</u> |             |                              | 1001                   | a -    |                     | 4551                   |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT              |                                       | NUM<br>PREV | MBER<br>IOUSLY<br>D FOR         | PRESENT<br>EXTRA  |          | RATI        | =                            | TIONAL<br>FEE          |        | RATE                | TIONAL<br>FEE          |  |
| MOR  | Total                                  | . 14   | Minus                                 | 2           | 0                               | =   |          | X\$ 9       | =                            |                        | OR     | X\$18=              |                        |  |
| AME  | Independent                            | NTATION OF M                                 | Minus                                 | •••         | LO<br>T. CLAINA                 | = /   | 4        | X40=        |                              |                        | OR     | X80=                |                        |  |
|  | PINST PRESE                            |  | OLITEE DET                            | CITOCIT     | 1004111                         |   | الــ     | +135        | =                            |                        | OR     | +270=               |                        |  |
|  |  |  |                                       | •           |                                 |   |          |             |                              |                        | OR     | TOTAL<br>ADDIT, FEE |                        |  |
|  | ·                                      | <u>)</u>                                     |                                       |             |                                 | _   |          |             |                              |                        |        |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                                       | NUI<br>PREV | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA  |          | RATI        |                              | ADDI-<br>TIONAL<br>FEE |        | RATE'               | ADDI-<br>TIONAL<br>FEE |  |
| ZOS  | Total                                  | •  | Minus                                 | ••          |                                 | =   |          | X\$ 9       | =                            | J                      | OR     | X\$18=              |                        |  |
| (BAE   | Independent                            | •  | Minus                                 | •••         |                                 | =   |          | X40:        | _                            |                        | 1      | X80=                |                        |  |
|  | FIRST PRESE                            | NTATION OF M                                 | IULTIPLE DEI                          | PENDEN      | IT CLAIM                        | <u></u>   |          |             | $\dashv$                     |                        | 1      | <b></b>             |                        |  |
|  | lf tha a-t !!-                         | ma 1 ic lose than 1                          | the entry le selv                     | imno wa     | ite "N" in ~                    | SMALL ENTITY TYPE OR SMALL ENTITY TYPE AATE FEE  NUMBER EXTRA  NUMBER EXTRA  RATE FEE  BASIC FEE 355.00 OR X\$18=  X40= OR X80= 940.00  1 135= OR TOTAL  OTHER THAN  OTHER THAN  TOTAL  OTHER THAN  OTH |          |             |                              |                        |        |                     |                        |  |
| •  | If the "Highest Nu                     | mber Previously F                            | aid For IN THI                        | S SPACE     | is less tha                     | an 20, enter "20  | 0.*      |             |                              |                        | OR     | ADDIT. FEE          | <u> </u>               |  |
|  | ii ine "Highest Nu<br>The "Highest Nur | initiaer Previously Pa<br>aber Previously Pa | aid For" (Total o                     | r Indepen   | dent) is th                     | e highest numl  | ber fo   | ound in the | e ap                         | propriate bo           | x in a | olumn 1.            |                        |  |